

CITY OF ROCKLIN

**APPLICATION FOR A TEMPORARY PERMIT
TO DISPLAY AND SELL FIREWORKS**

APPLICATION MUST BE SUBMITTED TO THE FIRE CHIEF PRIOR TO JUNE 8

Only **SAFE AND SANE** fireworks as defined in Part 2, Division 11, of the State Health and Safety Code may be sold at temporary sales stands.

PLEASE PRINT OR TYPE

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____ PHONE _____

NON - PROFIT TAX IDENTIFICATION NUMBER _____

LOCATION OF PROPOSED STAND _____
(Submit separate plot plan showing distances to any building)

NAME OF FIREWORKS DISTRIBUTOR _____

ADDRESS OF DISTRIBUTOR _____

WHERE WILL FIREWORKS BE STORED WHEN NOT AT SALES SITE? (Be specific as to location of building
and specific location within that building) _____

WHAT WILL BE THE DISTRIBUTION OF FIREWORKS NOT SOLD? _____

WILL ELECTRIC LIGHTING (Including portable generators) BE USED? YES ____ NO ____
(If YES, a permit must be obtained from the building department)

STATE FIRE MARSHAL'S PERMIT NUMBER _____

WILL TRAILER BE USED AS NIGHT WATCHMAN QUARTERS? YES ____ NO ____
(If YES, application must be made at building department)

NAME OF NIGHT WATCHMAN _____ AGE _____

ADDRESS OF NIGHT WATCHMAN _____ PHONE _____

LIST NAMES OF ADULT PERSONS WHO WILL ACTUALLY OPERATE STAND ON BEHALF OF THE
APPLICANT (Minimum age 18 years, with at least one person over age 21 years supervising)

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

PLEASE PROVIDE WRITTEN STATEMENT SHOWING PROPOSED DISTRIBUTION OF GROSS PROCEEDS:

ATTACH A SEPARATE LIST OF **EACH AND EVERY KIND** OF FIREWORKS PROPOSED TO BE SOLD.

NAME OF APPLICANT (Print) _____

TITLE OF APPLICANT _____

ADDRESS _____ PHONE _____

Signature of Applicant

CERTIFICATE OF INSURANCE TO BE RECEIVED PRIOR TO JUNE 20. INSURANCE SHALL BE AS REQUIRED BY PART 2, CHAPTER 3, SECTION 12608 OF THE STATE HEALTH AND SAFETY CODE.

THIS APPLICATION IS GRANTED _____ DENIED _____ SUBJECT TO THE CONDITIONS AS OUTLINED ABOVE AND ON THE FOREGOING PAGE, AND SUBJECT TO THE CONDITIONS ON THE ATTACHED INFORMATION PACKET. THE FOLLOWING CONDITIONS ALSO APPLY:

Rocklin Fire Department
P.O. Box 1380
4060 Rocklin Road
Rocklin, CA 95677
(916) 632-4150

Chief James W. Pennington
Rocklin Fire Department

For more information, contact the Fire Department at 632-4150.